*Reprinted from "The Glasgow Medical Journal" for December, 1885.*]

# DEAFNESS IN BRIGHT'S DISEASE.

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AMONGST cases of interest, alike to the aural specialist and the general physician, which I have been called upon to treat within the last twelve months, was one of deafness in a patient suffering from Bright's disease.

I am the more constrained to bring this case before the readers of the *Journal*, as in referring to works specially bearing on diseases of the kidneys, auditory disturbances I find to be all but unnoticed.

On 4th December, 1884, I was requested by a medical friend to see a patient of his. The patient, a warehouseman, aged 27, and married, was suffering from chronic nephritis, and on account of the swelling of his lower extremities had been confined to bed almost constantly during the two previous months. Two days before date he had been seized with sudden deafness, of which the following are the particulars, with subsequent progress:—

Before 2nd December his hearing was good. During the night of the 2nd he was prevented from sleeping by a constant and severe pain in the right ear, which, however, did not affect his hearing. To get relief from the pain, patient had a few drops of warmed whisky and laudunum placed in the meatus several times during the night with but slight benefit. In the morning the pain had gone, but he found himself to be completely deaf in the right ear.

It was then I saw him for the first time. On testing his hearing power with watch, the tick of which in normal hearing is audible at 50 inches, I found hearing on left side normal, while on the affected side the tick was not heard even on firm contact. Examination, with aid of speculum, showed nothing abnormal, and with careful use of Eustachian catheter the tympanum was readily inflated, but without improvement in hearing power.

The condition of his ear remained unaltered till the 16th of same month, when there was a slight return of pain in right ear, and his left became similarly painful—"an aching pain deep in the ear"—and on the following morning he found he was equally deaf in both.

With watch, even in contact, he could hear with neither ear. Vibrating tuning fork applied to cranial bones, as also to the teeth, was not heard; but on shouting loudly to him he could make out some words indistinctly. Questions had to be put in writing.

On both sides the meatus and membrana tympani were permeable. He continued to all intents and purposes absolutely deaf till 29th of same month, when he was able to hear a little with the left, and on 31st with the right, and in two days more his hearing was completely restored.

The only reference to this subject which I was able to find worthy of notice is a paper by M. le Docteur Dieulafoy in the *Gazette Hebdomadaire de Médicine et de Chirurgie* for 25th January, 1878, to which I was directed by a reference in *Neale's Digest* to a note on above paper in the *Medical Times and Gazette* of February of same year.

Dr. Dieulafoy, in his paper, states that he had "observed or collected thirty-seven cases of chronic or acute nephritis, of which number auditory disturbances had been noticed in fifteen; and in complaining of the dearth of literature on the subject, he thinks that it is "doubtless because these symptoms frequently being of a temporary or partial nature only, disturb the patients much less than some other symptoms, such as those of the eye."

In the article referred to he gives five of his cases in detail; in only two of these, however, does he make mention of a special examination of the ear having been made. In the first of those cases—"the patient had complained for the previous ten or fifteen months of ringing in the ears, sometimes in one, sometimes in the other, and that his hearing failed him at times, obliging him to have conversation repeated"—M. Ladreit de Lacharriere, who made the examination, noted:—

1. "An abnormal hyperæmia at the level of the handle of the malleus of the right ear.

2. "A thickening with depression of the left tympanic membrane, which no longer reflects luminous rays;" and in the second case, where the "hearing in left side is almost entirely lost," the same specialist, on examination, detected the "presence of a rupture of the membrana tympani."

In carefully analysing his 37 cases, Dr. Diculafoy concluded:—

1. That those auditory disturbances may occur in *all* forms of nephritis, chronic or acute, but least frequently in simple acute.

2. That they may appear at *any* period in the course of the disease.

3. That the lesion, for lack of autopsies in such cases, cannot be determined; but that from reports on examinations (already detailed), "it is a question, possibly, according to the case, of rupture, of abnormal hyperæmia, or of sclerosis of the membrana tympani; possibly we may find passing œdema, low forms of inflammation, or limited hæmorrhages; all forms of lesions analogous to those which are described among the ocular lesions of Bright's disease."

4. That the disturbances of hearing may sometimes prove useful in determining a difficult diagnosis.

The patient whose case I have related was suffering from chronic desquamative nephritis.

At time of onset of deafness he had been under treatment for nephritic affection during the previous two months, and his general condition was improving—swelling diminishing, urine increasing in quantity, albumen, though still abundant, decreasing.

As regards the lesion in such cases I should be inclined to say that the abnormal conditions stated as being present in the two cases quoted do not fully account for the impairment of hearing described; and certainly such lesions could not have produced the absolute degree of deafness present in my case.

As has been said, inspection here gave only negative results concerning the condition of the external and middle ear, so to explain the cause of the deafness I think we must look, almost solely, to the internal ear.

And first, as to its *seat*. There was here no giddiness at any time, so we can rid ourselves of the consideration of the semi-circular canals being implicated, and place the lesion—be it a passing œdema or some small hæmorrhagic extravasation—as existing in the cochlea. Secondly, as regards the *form* of lesion I am inclined to the latter—limited hæmorrhages—as the deafness was preceded by pain—possibly from increased tension in the small arterioles—the sudden disappearance of which, with immediate loss of hearing, being due to rupture of those minute vessels, and consequent extravasation of their contents.

In cases of deafness occurring during the course of Bright's disease, both the uræmic poison and the syphilitic taint might be factors. Of the former Dr. Roberts says that "uræmic deafness is much less common than amblyopia, and its occurrence is highly exceptional; and in this case other recognised symptoms of uræmia—sickness, drowsiness, characteristic odour of breath, &c.—were absent. Syphilis can also here be excluded. There were none of the usual signs of hereditary syphilis, and no history of the acquired form; and my friend, who has attended patient and his near relatives for a long series of years, negatives the idea.

In conclusion. As the detection of exudation with or without hæmorrhagic spots in the fundus of the eye demands an examination of the urine, so cases of deafness, of sudden onset and obscure history, in the same way may not be without importance for diagnostic purposes.

GLASGOW: PRINTED BY ALEX. MACDOUGALL.

# DRYNESS OF THE THROAT FROM EXCESSIVE TEA-DRINKING.

BY J. WALKER-DOWNIE, M.B., F.F.P., S.G.

In the *Practitioner* for August there is a short note with the above title, in which the effect of excessive tea-drinking is given as observed by Mr. Phillips Hills on himself; and the paragraph ends by desiring information from readers.

In my capacity of surgeon to the throat department of two public institutions in Glasgow I have made several observations bearing on this subject, and that principally at the Throat Dispensary in connexion with Anderson's College. The bulk of the patients seen there belong to that class which may be termed "the very poor," along with a number of the lower class factory hands.

Some three years ago I there pointed out to some of the students a form of dry pharyngitis occurring in badly-fed anæmic women, which I then in great part ascribed to the excessive use of cheap, and therefore inferior, tea. On enquiry it was found that those women had tea with almost every morsel of food of which they partook, and the tea, of a rank order, was not simply infused, but literally *stewed*.

For a time, in addition to proscribing the use of tea (recommending the substitution of cocoa or milk), I advised the liberal use of farinaceous food with milk, and prescribed a chalybeate tonic, under which the patients rapidly recovered. After a time I prescribed no medicine, directing the change of diet indicated alone, with the same beneficial results; but patients are never thoroughly satisfied unless they get a bottle, and as preparations of iron materially assist in the cure of the accompanying

anæmia, I have returned to my former prescription. Those patients when asked if they use much tea confess to it freely, but add that since the throat became so dry they have quite lost taste for it—have "turned against it."

Now in all such cases I look upon this form of dry pharyngitis, which does not involve the naso-pharynx as in *pharyngitis sicca*, as in great measure due to the gastric derangement—the dyspepsia—induced by the constant use of stewed tea shortly before, with, or immediately after meals, as well as to the local effect on the pharynx itself of this frequently-applied astringent and irritant lotion. And just as we forbid the use of tobacco in certain inflammatory conditions of the mouth and fauces, so the total abstinence from tea should in all such cases be rigorously enjoined.

Journal

Reprinted from

The Practitioner

March 1892

# SOME CONDITIONS HINDERING CLEAR VOCALISATION.[1]

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DURING the course of your practice you are liable to be consulted by some of your patients regarding their inability to produce clear notes, and to-day I propose to describe some of the commoner abnormalities which prevent success in this direction. As in the examination of the throat or larynx for evidences of disease, so here it is right to have an intelligent idea, if not a full knowledge, of the conditions most likely to interfere with clear vocalisation, that you may the more readily detect such if present. From your knowledge of the mechanism of the production of voice, you will readily understand that the causes may be various, and that the impediments may occur in widely different localities. Of what I may term the grosser lesions, little need be said beyond enumerating them, as they interfere so much with the speaking voice that singing under such conditions is impossible. Can you, for instance, imagine even her warmest admirer, if affected with nasal polypi, singing in praise of "My Pretty Jane," or even such a one joining in "Auld Lang Syne." "By Pretty Jade" and "Aud Lag Side" would be received by an audience as a comic performance.

Nasal polypi, by blocking the nares, interfere with the pronunciation of the so-called "nasal" consonants (*m* being pronounced as *b*, and *n* as *d*), and robs the voice of resonance. Such a condition, then, hinders clear vocalisation. In like manner,

[1] One of the course of Lectures on Diseases of Throat and Nose given at the Western Infirmary, Glasgow: delivered 13 February 1892.